Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

RECEIVED

Page 1 of 17

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		CO	VE.	R PA	AGE Ţ	OWN AND	CITY CLE	RK	
1. NAME OF COMMITTEE	The first of the f					5R13 F	UL, Ul		
Elect Andrew for City Council									
2. TREASURER NAME			P		l degret i Linda et et et et e			1,000	
First		МІ		Last					Suffix
Jon 				FitzGer	ald 				
3. TREASURER ADDRESS			(fi. 1			-1 de			
Street Address 99 Gregory Rd			City Brist	tol	•		State CT	Zip Co 060	
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Complet	te only	if Candidat	e Committee)		1 - 1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	6. DISTI	RICT NUMBER
(mm/dd/yyyy) 11/02/2021	City Council	.,			States of the second desired	Section 1. Construents		(if applicable)	2
7. CANDIDATE NAME (Complete only if	Candidate or Explorato	ry Committee)	ŭ.						
First		МІ		Last	418 20 14		1 may 1,170,18 1 (mr. m.y.)	·	Suffix
Andrew		G		Howe					
8. TYPE OF REPORT (Check One Box)									
O January 10 filing	7th day preced	ding primar	y	O7th	day preceding refe	rendum (Initial Con		Disbursement
April 10 filing	30 days follow	ving primar	у	O 45	days following refe	rendum (Amendme	nt to	
July 10 filing	7th day preced	ding election	n	O Def	ficit		Type of Re	port:	
October 10 filing	12th day prece (State Central Co			Termination			F-/	"	
O24 Hour Independent Expenditure Primary OElection	O45 days follow not held in No		n						
9. PERIOD COVERED						*			
	Beginning Da	te			Ending Da	te			
	October 25, 2021	l	_	thru	December 27, 2	:021			
40 ± 0	25.00 (1.00			· · · · · · · · · · · · · · · · · · ·	 			1 1, 20 1	de la dis
10. CERTIFICATION				* +		•	1.		
I hereby certify and state, under p Disclosure Statement for the pe	enalties of false s riod covered is t	statement, i rue, accur	that a	ll of the and com	information set f plete.	orth on this I	temized Ca	mpaign Fi	nance
la Marie	Ž		Jon P	. FitzGe	rald			12/28/2	021
TREASURER OR DEPUTY TREASURE	ER (SIGNATURE)	-	PRIN	ΓNAME (OF SIGNER		_	DATE (mm/dd/yyyy)
								.4	

A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Elect Andrew for City Council	termination	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		0
12. Balance on hand at the beginning of Reporting Period	1344.58	
13. Contributions Received from Individuals (Sections A and B)	0	5345
14. Receipts from Other Committees (Sections C1 and C2)	0	0
15. Other Monetary Receipts (Sections D through K)	0	0
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	О	0
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	0	0
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	o	0
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	1344.58	5345
19. Expenses Paid by Committee (Section P)	1344.58	5345
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	О	0
21. In-Kind Donations not Considered Contributions Received (Section L4)	О	0
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0	0
23. In-Kind Contributions Received (Section M)	0	175.50
24. Refundable Deposit to Telephone Company (Section N)	0	0
25. Loan Balance	0	
25a. + Loans Received (Section D)	0	0
25b. + Interest and Penalties on Loan	0	0
25c Payments on Loan	0	0
25d. Total Outstanding Loan Amount	o	
26. Campaign Expenses Paid by Candidate (Section Q)	0	225
27. Expenses Incurred on Committee Credit Card (Section R)	o	0
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0	American Christian Christi
		

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Na.	me as Registered with Filing Repository)		TYPE OF REPORT			
Elect Andrew for City Council			termination			
A. Total Contributions from S (See instructions for definition of Small	- 3.200 (1997年) 1997 (19977年) 1997 (1997774年) 1997 (19977年) 1997 (199777474) 1997 (199777474) 1997 (1997774747474747474747474747474747474747	ved this Period ONLY SUBTOTAL SECTION A	\$0			
Last Name	B. Itemized Co	entributions from Indivi	duals	MI		
Residential Street Address		City		State Zip Code		
Principal Occupation	***************************************	Name of Employer	· · · · · · · · · · · · · · · · · · ·			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Method of Contribution:	Yes Is contributor a principal of a If yes, indicate which bra of government the contra		e contractor? Yes No Legislative Aggregate Contributions			
Cash Personal Check Ocredit/Debit C	ard OPayroll Deduction OMoney	y Order				
Last Name		First		МІ		
Residential Street Address		City		State Zip Code		
Principal Occupation		Name of Employer		-		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract \(\mathbb{O}\) Yes \(\mathbb{N}\) No	e officer of a municipality, with said municipality	Amount of Contribution		
~		state contractor or prospective state	e contractor? Yes No Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit C	ard OPayroll Deduction OMoney					
Last Name		First		MI		
Residential Street Address		City		State Zip Code		
Principal Occupation	*****	Name of Employer	I			
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract of Yes No	officer of a municipality, with said municipality	Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a significant of government the contract		contractor? Yes No Legislative			
Method of Contribution: Cash Personal Check Credit/Debit C	ard OPayroll Deduction OMonev	Date Received Order	Aggregate Contributions			
		FOTAL Section B — This	Page 0			
		of additional Section B P				
TOTAL OF A	LL CONTRIBUTIONS FROM (Enter total on Line	A INDIVIDUALS (Sections A 13, Column A of Summary Page 1				

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COM	MITTEE (Provide Comple	ata Name as Registered	with Filing Repos	vitarul		TYPE OF REPORT	
Elect Andrew f		RESTAURA NICTOR CO.	With Living resp	MOLY THE BUSINESS	Tool of the Armed Specific Co.	termination	<u> </u>
(E)		C1. (Contributio	ons from O	ther Comp		
Name of Committee	<u> </u>		. Compare to the	7119 11-VIII	Name of Treas	<u> </u>	
Address				1	,		1
Militas				Is this contri event report	ibution associate ted in Section L1	ed with an Oyes ONo	Amount of Contribution
					If yes, li	ist Event #	.]
City		State	Zip Code	Date Rece	ived	Aggregate Contributions	
Name of Committee					Name of Treas	urer	<u> </u>
Address	·						
Aduress				Is this contri	ibution associate ed in Section L1	ed with an OYes ONo	Amount of Contribution
·				O VOIL INPOLL	If yes, li	ist Event #	
City	·	State	Zip Code	Date Rece		Aggregate Contributions	
					ě		
Name of Committee					Name of Treasi	nrer	
Thank of John	·				11ulias VI 1111		
Address		_		Is this contri	bution associate	ed with an Yes No	Amount of Contribution
				event reporte	ed in Section L1 <i>If yes</i> , li	st Event#	
City		State	Zip Code	Date Recei		Aggregate Contributions	- -
		İ					
全人 最多。	1 製力 多系統治 臭しゃど				e e grada		7. V6 R2: +0 10 10 10 1
6 75 fee	C2. R	<u>keimbursemen</u>	ts or Surpi	lus Distribu		other Committees	H. CARACTER STATES
Name of Committee					Name of Treasu	ırer	
			•				
Address				City		V-1/	State Zip Code
Date Received	Expenditure #	Payment Type				······································	Amount of Receipt
	(if applicable)	©Reimbursem	ent for shared e	expense OS	urplus Distributi	ion	Amount or receipt
Description							_
Description							
Name of Committee					Name of Treasu		
Ivalue of Communes					Mame of Trees	itel	
· .							
Address		_		City			State Zip Code
						•	
Date Received	Expenditure # (if applicable)	Payment Type		-			Amount of Receipt
	(i) approxima	Reimburse	ement for shared	d expense	Surplus Distrib	ution	
Description							_
Description							
	¥		A Table			-]	
			SUBTO	TAL Section	n C — This	Page 0	
				3.0	en de la		
· .			TOTAL	of additional	l Section C I	Pages 0	
		ALL COMMIT					<u>, </u>
A CONTRACTOR	(Sections	C1 + C2) (Enter t	otal on Line 14	, Column A of S	Summary Page	Totals)	

NAME OF COMMITTEE (Provide Complete Name as Re	gistered with Filing Repository)			FREPORT	
Elect Andrew for City Council			termina	ation	
	D. Loans Re	eceived this Perio	d	end Nav	(A)
Name of Lender		Source of Loan: Bank C	andidate 🔘 Individu	al Other Committee	Date of Receipt
Street Address	City	•	State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)	•		-		Amount Received
Street Address	City		State	Zip Code	
Name of Lender	I	Source of Loan: Bank Ca	andidate (Individu	al Other Committee	Date of Receipt
Street Address	City	'	State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)			,	·····/*	Amount Received
Street Address	City	·	State	Zip Code	
Name of Lender	t	Source of Loan: Bank Ca	andidate () Individua	Other	Date of Receipt
Street Address	City	•	State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address	City		State	Zip Code	
		TOTAL SEC	MOND 0		
E. Receipts from Entities	other than Individu	als or Other Con	ımittees <i>(Referei</i>	ndum Committe	es ONLY)
Name of Entity					
treet Address			Date Received		Amount Received
ity	State	e Zip Code	Aggregate Contril	outions	
ame of Entity	<u> </u>				<u> </u>
treet Address			Date Received		Amount Received
ity	State	e Zip Çode	Aggregate Contrib	outions	
ame of Entity				•	
treet Address		•	Date Received		Amount Received
ity	State	e Zip Code	Aggregate Contrib	outions	
		TOTAL SEC	TION E 0		

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTE Elect Andrew for C	EE (Provide Complete Name as Register Lity Council	ed with Filing Repository)		TYPE OF REPORT termination
And the second	F. Amount Transferred f	rom Affiliated Busine	ess Treasury (Business	ss Entity Committees ONLY)
Date of Receipt	Is this transaction associate event reported in Section I	ed with an OYes If ve	es, list Event #	Amount
Date of Receipt	Is this transaction associate event reported in Section I	7103 11 10	es, list Event#	Amount
Date of Receipt	Is this transaction associate event reported in Section I	2 100 xy yc	es, list Event#	Amount
Date of Receipt	Is this transaction associate event reported in Section I		es, list Event#	Amount
			TOTAL SECTION F	F
C Amount T	waveformed from Affiliate	a Labor Union or Ot	Las Osganization Tr	reasury (Organization Committees ONLY)
Date of Receipt	The state of the s	ate of Receipt	17 747 748 753	Date of Receipt
	Amount	Amoun	t	Amount
		Т	TOTAL SECTION G	o
	H. Personal Funds of th	e Candidate Receive	d this Period (Candid	idate Committees ONLY)
Date of Receipt	Method of payment:	1 位数据不规约 2		Amount
	OCash	Personal Check	Credit/Debit Card	rd
Pate of Receipt	Method of payment:	-		Amount
	O Cash	Personal Check	Credit/Debit Card	d
Pate of Receipt	Method of payment:			Amount
	○ Cash	Personal Check	Credit/Debit Card	d
ate of Receipt	Method of payment:			Amount
	Cash Cash	Personal Check	Credit/Debit Card	d
			TOTAL SECTION	(H 0
		I. Anonymous Co	 ntributions	
				<u> </u>
	Per Public Act 11-48, A	nonymous Contribut	tions may no longer	r be denosited in <i>any</i>

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

SEEC	FORM	20

I. MONETARY RECEIPTS (Sections A—K)

Page 7	7 of 17
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	ONDIMINI RECEIT 15 (500	HOHS A	-12)		8
NAME OF COMMITTEE (Provide Complete Name as Régis	tered with Filing Repository)		PE OF R		
Elect Andrew for City Council			minatio	on	Total Maria Maria Maria
A STATE OF THE STA	terest from Deposits in Authorized A			- digas	
Name of Institution		Da	te Receive	ď	Amount
Street Address	City	State	12	Zip Code	
Name of Institution		Da	te Receive	đ	Amount
Street Address	City	State	Z	lip Code	
	TOTAL SI	ECTION J	0		
K. Miscellane	ous Monetary Receipts not Conside	red Contr	ibutio	ns	
Name			Date of	Transaction	Amount Received
Street Address	City	s	tate	Zip Code	-
	-				
Description		•		•	
Name			Date of	Transaction	
Timo				110000000	Amount Received
Street Address	City	S	tate	Zip Code	
Description					_
Name			Date of	Transaction	Amount Received
Street Address	l cia.	I e	tate	Zip Code	_
Succi Address	City		iaic	Zip Code	
Description			-	1	
Name			Date of	Transaction	
Name			Date of	Transaction	Amount Received
Street Address	City	S	tate	Zip Code	
Description					_
Description					
	TOTAL SECTION	ONK C)		. <u> </u>
SUMMARY OF O	THER MONETARY RECEIPTS (Sections I) thro	ıgh K)	
Total Loans Received this Period (Section D)				0	
Total Receipts from Entities other than Individua	ls or Other Committees (Section E)	+		0	
Total Amount Transferred from Affiliated Busine	ess Treasury (Section F)	+		0	
Total Amount Transferred from Affiliated Labor	Union or Other Organization Treasury (Se	ection G) +		0	
Total Amount of Personal Funds of the Candidate	Received this Period (Section H)	+	•	0 .	
Total Amount of Interest from Deposits in Author		+		0	
Total Miscellaneous Monetary Receipts not Consi				0	****
Actas Passechaneous Profesary Receipts not Const		notary Do			
(Add Sections D	Total of Other Mon through K) (Enter total on Line 15, Column A of			0	

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repository,		TYPE OF REPORT		
Elect Andrew for City C			termination	701,400	
	L1. Ever	nt Information			
Event # Date of Event Letter	Description			Was this a fi	indraising event
				O Yes	ON ₀
Location: Street Address		City	<u></u>	State	Zip Code
Subpart 1: (All Committee	ees)				<u> </u>
Was this event hosted at a	a personal residence?	OYes (If yes, go to Section L5 Associated with a Hou purchases made by host O No	ise Party and complet	te required info	rmation for any
	e goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section Land complete required in No		not Considered	Contributions
Was this fundraiser a tag s with purchases from an in	sale, auction, or other sale of donated items dividual of up to \$100?	OYes (If yes, enter Total Reco	eipts here.)	\$	
Subpart 2: (Party Comm. Were there purchases of a sign associated with this f	ittees, Municipal Candidates and Political Come dvertising space in a program book or on a undraiser?		Purchases of Advert		a Program Book
Subpart 3: (Town Comm Did your committee sell f gathering held within the	ood or beverage at a fair or similar mass	OYes (If yes, enter Total Reco	eipts here.)	\$	
			ga . Na		
Event # Date of Event Letter	Description			Was this a fu	ndraising event?
Location: Street Address		City		State	Zip Code
Subpart 1: (All Committee Was this event hosted at a	· ·	Yes (If yes, go to Section L5 Associated with a Houpurchases made by host	se Party and complete	e required info	mation for any
	goods or services donated by a business entity ated by an individual of up to \$100?	Yes (If yes, go to Section La and complete required i		not Considered	Contributions
Was this fundraiser a tag s with purchases from an inc	ale, auction, or other sale of donated items dividual of up to \$100?	Yes (If yes, enter Total Reco	cipts here.)	\$	
51 (5 (5 (5		○ No		<u> </u>	
Were there purchases of a sign associated with this fi		O No Continue of the contin	Purchases of Advert		Program Book
Subpart 3: (Town Commit Did your committee sell for gathering held within the s	od or beverage at a fair or similar mass	OYes (If yes, enter Total Rece	ipts here.)	\$	
SUBTOTAL Section	L1-Subpart 1 (All Committees) Total Receipts fr	· · · · · · · · · · · · · · · · · · ·	This Page 0		
		ion L1—Subpart 3 <i>(Town Committ</i> ipts from Food Purchases — T			
·		TOTAL of additional Section	L1 Pages 0		
		IPTS FROM SMALL PUR Line 16a, Column A of Summary			

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. Section L2. removed

NAME OF COMMIT	TEE (Provide Complete Nat	me as Registered with Filing Reposit	tory)		TYPE OF REPOR	RT		
lect Andrew for Cit		A	J. J.	4,000	termination		1 T T 1500	<u> 10 </u>
	L3. P	Purchases of Advertisi	ng in a Prog	ram Book or o	on a Sign			
Name of Purchaser	A DECLES AND A		<u> </u>	Parking (Markey property and the sec		Purcha	ise Made By:	<u> </u>
						OBu	usiness Entity	Other
						O Inc	dividual/Sole F	Proprietorship
Street Address			City		•		State	Zip Code
Date Received	Event #	Aggregate Purchases	s for All Events	Amount of Pro	ogram Ad Purcha	se	Amount of Si	gn Purchase
Name of Purchaser				, , , , , , , , , , , , , , , , , , ,		Purchas	se Made By:	
					1		siness Entity	Other
					1		dividual/Sole P	
treet Address	· ·		City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purchas	se .	Amount of Sig	L gn Purchase
Name of Purchaser	<u></u>					Purchas	se Made By:	
						_	siness Entity	Other
						OInd	dividual/Sole P	roprietorship
Street Address			City				State	Zip Code
	•							
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purchas	se .	Amount of Sig	L gn Purchase
								-
Name of Purchaser	J .					Purchas	se Made By:	
						O Bu	siness Entity	Other
						O Ind	dividual/Sole P	roprietorship
treet Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	For All Events	Amount of Dec	A d Dunaha		*	nl
Jaie Recoived	LYCIL II	ukktekue i memeee	101 All Dyonia	Algount of Lin	ogram Ad Purchas	3e A	Amount of Sig	in Purchase
						Í		
Name of Purchaser		· · · · · · · · · · · · · · · · · · ·			!	Purchas	e Made By:	
					ı	(Bu:	siness Entity	Other
	·					_	lividual/Sole Pi	_
treet Address			City				State	Zip Code
								_
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purchas	ie /	Amount of Sig	n Purchase
					G		· 	,
4 T M				142				
	SUBTOTAL Sec	ction L3 Total Purchases of	Advertising in	Program Book –	– This Page 0			
	SUBTOI	TAL Section L3 Total Purc	hases of Adver	tising on a Sign –	— This Page 0			
			TOTAL of	f additional Section	n: La Pages ()			
TOO	TAR OF ALL DED CO							
TO	TAL OF ALL PURCE	HASES OF ADVERTISIN (Enter total on I	G IN A PROG Line 16c, Colum	RAM BOOK or O in A of Summary 1	ON A SIGN 0 Page Totals)			

NAME OF COMMITT	EE (Provide Complete Name as Re	gistered with Filing Repo	sitory)		TYPE OF REPO	ORT		
Elect Andrew for Ci		<u> </u>			ermination		<u></u>	
	L4. I	n-Kind Donatio	ns Not Consi	dered Contribu	tions	age to the second	1947	South Control of the
Name of Donor			·	to the section distance.	4.1 1 111 111		Francis Hapt	<u> </u>
Street Address			City				State	Zip Code
Donation Given By: Business Entity	Description of Donation					Fair l	Market Va	alue of Donation
OIndividual	Date Received	Event #		Aggregate Value for	this Event	_		
O Sole Proprietorship	1	7,522,7		Janggergan (anna 191		ļ.		
Name of Donor								
Street Address			City		*		State	Zip Code
Donation Given By:	Description of Donation					Fair I	Market Va	lue of Donation
Business Entity Olindividual								
Sole Proprietorship	Date Received	Event #		Aggregate Value for	this Event			
Name of Donor		<u>,</u>						
ramo of Bollor								•
Street Address		·····	City				State	Zip Code
Donation Given By:	Description of Donation		_		·	Fair I	l Market Va	lue of Donation
OBusiness Entity								
OIndividual OSole Proprietorship	Date Received	Event #		Aggregate Value for	this Event			
Sole Proprietorship	<u></u>			- 111.1				
Name of Donor								

Street Address			City				State	Zip Code
Donation Given By:	Description of Donation					1		<u> </u>
Business Entity	Description of Donation					Fair N	Aarket Val	lue of Donation
O Individual	Date Received	Event #		Aggregate value for t	his Event	-		
Sole Proprietorship								
		SU	BTOTAL Section	on L4 — This Page	lo			
					10			
		ТО	TAL of addition	al Section L4 Pages	0			
TOT	AL OF ALL IN-KIND DO						•	
	(En	ter total on Line 21	, Column A of Su	mmary Page Totals)				

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT			
Elect Andrew for Ci	ty Council				termination			
	L5. In-Kind Donations Not Consid	lered (Contributions Associa	ated with a l	House Par	ty		
Name of Host				committee?		lo	ne candidate or dendum L5	
Street Address			City	<u></u>		State	Zip Code	
Description of Donation					Fair Mar	rket Value	of Donation	
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this h	ost/candidate	•			
Name of Host			1 11 140 481 481	committee?	supporting m Yes ON mplete Itemiz	O	ne candidate or	
Street Address			City	•		State	Zip Code	
Description of Donation	· · · · · · · · · · · · · · · · · · ·				Fair Mai	ket Value o	of Donation	
Event#	Aggregate Value of this Event—all hosts	Agg	gregate Value of all Events— <i>this h</i>	ost/candidate				
Name of Host				committee?	supporting mo Yes ON mplete Itemiza	0	ne candidate or	
Street Address			City			State	Zip Code	
Description of Donation					Fair Mar	ket Value o	of Donation	
Event #	Aggregate Value of this Event—all hosts	Agg	gregate Value of all Events— <i>this h</i>	ost/candidate				
Name of Host				committee?	upporting mo Yes ON mplete Itemiza	D	e candidate or lendum 15	
Street Address			City	•		State	Zip Code	
Description of Donation		· ·			Fair Mar	ket Value o	f Donation	
Event #	Aggregate Value of this Event—all hosts	Agg	regate Value of all Events—this he	ost/candidate				
		SUB'	TOTAL Section L5 —	This Page	0			
			L of additional Section		0		į	
	L OF ALL IN-KIND DONATIONS NOT A HOUSE PARTY (Enter total on		ONSIDERED CONTRI 2, Column A of Summary		0			

III. NONMONETARY RECEIPTS (Sections M—O)

Page 12 of 17

NAME OF COMMITTEE (Provide Complete	Name as R	egistered with	ı Filing Repository)	.*		+	OF REPORT		
Elect Andrew for City Council	e 3843 4 - 1	4.		Va.es	Miles (Sept. 1)	termin	ation		345
Name	- Trans 1		M. In-Kind Co	ntr —	ibutions				
Name									
Street Address				Ci	ty			State	Zip Code
Type of contributor: Committee	Date Recei	ived	Aggregate Contributions		Description of In-Kind	Contribution	on		
OIndividual / Sole Proprietorship OOther									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	n excess of \$400 to a cand business he/she is associ in \$5,000?					Fair Market Value of this Contribution			
event reported in Section L1? No If ye			utor a principal of a state , indicate which branch o ernment the contract is w	or br	anches	ate contra	ØN∘		
Name							!.		
Street Address				Cit	у			State	Zip Code
Type of contributor: Committee	Date Recei	ived	Aggregate Contributions		Description of In-Kind	Contributio	n		
OIndividual / Sole Proprietorship OOther					0				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co		n excess of \$400 to a canor business he/she is assoc in \$5,000?	iated					Market Value s Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? ONO ONO ONO ONO ONO ONO ONO O									
Name						<u></u>	1		
Street Address				City				State	Trin Code
	I ,	<u> </u>	T	Cn.				State	Zip Code
Type of contributor: Committee Individual / Sole Proprietorship Other	Date Receiv	ved	Aggregate Contributions		Description of In-Kind (Contribution	1		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co		n excess of \$400 to a cand business he/she is associ n \$5,000?						Market Value Contribution
Is this contribution associated with an event reported listed in Section L1? If yes, list Event #	8 Yes No	<i>If yes</i> , i	tor a principal of a state of indicate which branch or rnment the contract is with	r bra		_	ŎNo		
	11.A		SUBTOTAL	. Sec	ction M — This Pag	g e 0			· · · · · · · · · · · · · · · · · · ·
		7	TOTAL of add	ditio	nal Section M Page	s 0			
TOTAL OF ALL IN-KIND CON	FRIBUT	ΓΙΟΝS Œ	nter total on Line 23, Col	umn	A of Summary Page To	tals) 0			
	N.	Refund	dable Deposit to T	Гele	phone Compan	y			
Last Name of Individual			First				MI I	Date Deposit	t Made
Residential Street Address			City			State	Zip Code		Amount of
									Deposit
Name of Telephone Company			•						·
Street Address			City	•		State	Zip Code	\dashv	
TOTAL SE	CTION	N (Enter t	total on Line 24, Column	n A o	f Summary Page Tota	<i>(s)</i> 0			

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMMIT	TTEE (Provide Complete Name as Registered with Filing Reposito	ony) Gection	TYPE OF REPORT	e jaku engre e enire				
Residence of the second	19 TODAY Transfer of the Control of	es Paid by Committe						
Name of Payee	Takono	cs 1 ard by Committee	Date of Payment	Method o	f Payment:			
169 Strategies, L	LC		10.26.2021	© Check #1018 © Debit Card ©EFT				
Street Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	City		State	Zip Code			
139 Grove Street		Bristol		СТ	06010			
Purpose of Expenditure (by code) CNSLT	Description		Event#	340.0	Amount 3			
Expenditure # (If applicable)								
Name of Payee	, <u> </u>	/ Na Organia	Date of Payment	Method of	Pavment:			
169 Strategies, LL	C		10.27.2021		k# <u>1019</u>			
Street Address		City		State	Zip Code			
139 Grove Street	In the second se	Bristol	I -	СТ	06010			
Purpose of Expenditure (by code) CNSLT	Description		Event#	100 54	Amount			
Expenditure #	<u> </u>			108.50)			
(if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind continuated without reimbursement sought)	ture) 🔘 Indeper	•					
Name of Payee			Date of Payment	Method of				
169 Strategies, LL	C		12.11.2021	Check				
Street Address		City		O Debit State	Card OEFT Zip Code			
39 Grove St		Bristol		ст	06010			
Purpose of Expenditure by code) CNSLT	Description	•	Event #	112.70	Amount			
Bxpenditure # (f applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind co	liture)	r					
Name of Payee			Date of Payment	Method of	Payment:			
169 Strategies, LL	C		12.11.2021	Check				
Street Address	· · · · · · · · · · · · · · · · · · ·	City		O Debit State	Card EFT Zip Code			
139 Grove Street		Bristol		CT	06010			
Purpose of Expenditure by code) CNSLT	Description	Description Event #						
Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum P Required of None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind continuated without reimbursement sought)							
		SUBTOTAL Section P -	A C D D This Page 764.10					
	Т	OTAL of additional Secti	on P Pages 580.48					
	TOTAL OF ALL EXP (Enter total on Li	ENSES PAID BY COM						

Section P. ADDITIONAL PAGE 13a of 17

NAME OF COMMIT	ITEE (Provide Complete Name as Registered with Filing Repository,		TYPE OF REPORT	
Elect Andrew for	City Council		termination	
	P. Expenses	Paid by Committee		
Name of Payee Bristol Republica	n Town Committee		Date of Payment 12.27.2021	Method of Payment: Check # Debit Card DEFT
Street Address P O Box 1893		City Bristol		State Zip Code CT 06011
Purpose of Expenditure (by code) SRPLS	Description	J	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	540.48		
Name of Payee		Organiza	Date of Payment	Method of Payment: Check # Debit Card DEFT
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description	1	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	mmittee)		_
Name of Payee			Date of Payment	Method of Payment: Check # Debit Card DEFT
Street Address		City	.	State Zip Code
Purpose of Expenditure by code)	Description		Event#	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate or ca Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	ommittee) re)	·	
Name of Payee			Date of Payment	Method of Payment: Check #
Street Address		City		State Zip Code
Purpose of Expenditure by code)	Description		Event#	Amount
Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	mmittee)	•	
	S	SUBTOTAL Section P —		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Elect Andrew for City Council				TYPE OF REPORT termination				
		Q. Campaign Expenses P	aid by Candidate	<u>.</u> 14				
	Vendor, Person or Entity who candi		D	ate of Payment		bursement claimed?		
				÷		Yes 🔘 No		
Street Address		City			State	Zip Code		
Purpose of Expenditure	Description		Event #			Amount		
(by code)						Amount		
Name of Payee (Name of	Vendor, Person or Entity who candi	date paid directly)	D	ate of Payment	Is reim	bursement claimed?		
						Yes 🔘 No		
Street Address		City			State	Zip Code		
Purpose of Expenditure (by code)	Description		Event #			Amount		
Name of Pavee (Name of	 Vendor, Person or Entity who candi	date naid directly)	<u> </u>	ate of Payment	To raim	bursement claimed?		
		<i>} }</i>		are of a dymone		_		
Street Address		I cie.				Yes O No		
Sueet Address		City			State	Zip Code		
	1		· · · · · · · · · · · · · · · · · · ·					
Purpose of Expenditure (by code)	Description		Event#			Amount		
Name of Payee (Name of	Vendor, Person or Entity who candid	late paid directly)	Di	ate of Payment	Is reim	bursement claimed?		
						Yes 🔘 No		
Street Address		City			State	Zip Code		
Purpose of Expenditure	Description		Event #			Amount		
(by code)								
Name of Payee (Name of V	t Vendor, Person or Entity who candid	late paid directly)	l	ate of Payment	Is reimb	oursement claimed?		
					O Yes O No			
Street Address		City			State	Zip Code		
		City			State	Zip Code		
2 4								
Purpose of Expenditure by code)	Description		Event #			Amount		
Name of Payee (Name of V	1	late paid directly)	Da	ite of Payment	Is reimb	oursement claimed?		
						Yes (No		
Street Address		City	<u> </u>		State	Zip Code		
eurpose of Expenditure by code)	Description	•	Event #			Amount		
		SUBTOTA	L Section Q — This Pa	age 0				
				<u>-</u>				
		TOTAL of ad	lditional Section Q Pag	ges 0				
	T	TOTAL OF ALL EXPENSES P (Enter total on Line 26, Colum						

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Reposito City Council	(v)	TYPE OF REPORT		
	R. Expenses Incurr	red on Committee (Credit Card		
Name of Issuing Inst	The state of the s	Type of Credit Card: Visa Mast		erican Expres	s Other:
Name of Vendor, Person	or Entity			Date of	Fransaction
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Require None of the below Coordinated with reimbursement sought (joint expendence) Coordinated without reimbursement sought (in-kind	nditure) 🔘 Inc	w" is checked) dependent ganization: OA OB OC O) D	
Name of Vendor, Person o	or Entity			Date of T	ransaction
Street Address	- 	City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Require None of the below Coordinated with reimbursement sought (joint expen	nditure) 🔘 Ind	w" is checked) lependent (anization: OA OB OC O	D	
Name of Vendor, Person o	r Entity	· · · ·		Date of T	ransaction
Street Address		City		State	Zip Code
Purpose of Expenditure by code)	Description	1	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Require None of the below Coordinated with reimbursement sought (joint expendence) Coordinated without reimbursement sought (in-kind of the coordinated)	diture) O Ind	w" is checked) ependent anization: OA OB OC	D	
	s	UBTOTAL Section R -	-This Page 0		
	то	TAL of additional Secti	on R Pages 0		
то	TAL OF ALL EXPENSES INCURRED ON (Enter total on Lin	COMMITTEE CRE			

VAME OF COMMIT	TBE (Provide Complete Name as Registered with Filin	ig Repository)	TY	YPE OF REPORT	-1 W.		
Elect Andrew for	City Council		te	ermination			
	S. Expenses Incurred	by Committee but N	lot Paid During	this Period		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Name of Creditor			_		Date Incu	urred	
Street Address	- The Assert Man	I our	****		<u> </u>	<u> </u>	
offeet Address		City			State	Zip Code	
urpose of Expenditure	Description		Event #		Amount Incurred		
by code)						Mount Incurred Estimate or Actual)	
xpenditure # f applicable)	Type of Expenditure (Itemization in Addendum	S Required unless "None of	the below" is checked))	-		
(uppmuony	None of the below Coordinated with reimbursement sought Coordinated without reimbursement sought		Organization:	. Ов Ос Оп	•		
Name of Creditor					Date Incu	ıпed	
Street Address		City			State	Zip Code	
'urpose of Expenditure by code)	Description	· · · · · · · · · · · · · · · · · · ·	Event #	······································		mount Incurred Estimate or Actual)	
3xpenditure # if applicable)	Type of Expenditure (Itemization in Addendum S None of the below Coordinated with reimbursement sought (Coordinated without reimbursement sought)	(joint expenditure)	Independent	OB OC OD			
Vame of Creditor	-			·· ·····	Date Incur	пed	
Street Address		City			State	Zip Code	
'urpose of Expenditure by code)	Description		Event #		1	nount Incurred stimate or Actual)	
3xpenditure # if applicable)	Type of Expenditure (Itemization in Addendum S None of the below Coordinated with reimbursement sought (Coordinated without reimbursement sough	(joint expenditure)	Independent	OB Oc OD	<u>.</u>		
		SUBTOTA	L Section S-This Pa	ge 0			
		TOTAL of addi	tional Section S Pag	g es 0			
FOTAL OF ALL E	XPENSES INCURRED BY COMMITT (Ente	EE DURING THIS PER total on Line 28, Column A					
	Previously repo	orted Expenses Unpaid a	ınd still Outstandin	g O			
	TOTAL OF ALL EXPENSES IN (Enter t	CURRED BY COMMI'I total on Line 28a, Column A					
				•			

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Reposito	וציזו)	1 HW 544 1 1 H 1 H 1 H 1 H 1 H	1. 人名英格兰斯 人名英格兰斯		PE OF I				
Diect Andrew for			nasivaison.			minati	ion) :	£ 5 5 5	
Last N. C.W. J. W.	T. Itemization of Reim			and Secon	dary Pa	yees	_			
Last Name of Worker/Co 169 Strategies LLO		FI	rst					MI	Person o	Payment to Vendor, or Entity 7.2021
Name of Vendor, Person	or Entity Paid by Committee Worker/Consultant					Paymer	nt to	Reimburse	Committee	Worker/Consultant as
Hitchcock Printin	9					1 -		Section P: k # <u>1019</u>	_ () De	ebit Card OEFT
Street Address of Vendor	, Person or Entity Paid by Committee Worker/Consultant		City	•					State	Zip Code
191 John Downey	r Dr		New Brita	in					СТ	06051
Purpose of Expenditure (by code)	Description				Event #				108.08	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requir None of the below Coordinated with reimbursement sought (joint expe	endit	ure)	O Indepe	•	О • В	00	С о р		
Last Name of Worker/Cor	sultant	Fü	rst					MI	Date of I Person o	Payment to Vendor, r Entity
Name of Vendor, Person o	or Entity Paid by Committee Worker/Consultant					reported		Section P:	_	Worker/Consultant as
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant		City		,				State	Zip Code
Purpose of Expenditure (by code)	Description				Event#	•				Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint exper Coordinated without reimbursement sought (in-kind	ndita	ure)	O Indepe	ndent O	О • в	0	C o D		
Last Name of Worker/Con	sultant	Fir	st					MI	Date of I Person o	Payment to Vendor, r Entity
Name of Vendor, Person o	r Entity Paid by Committee Worker/Consultant	<u>!</u>					in i	Section P:	_	Worker/Consultant as
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant		City						State	Zip Code
Purpose of Expenditure (by code)	Description				Event #					Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expendance) Coordinated without reimbursement sought (in-kind of the coordinated)	nditu	іге)	Independence	ndent O	О в	0	О		İ
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		TC	TAL of add	litional Secti	ion T Page	es O			·-	
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE W	VO	RKERS A	ND CONS	ULTANI	r s 0				
			· · · · · · · · · · · · · · · · · · ·							